

2013 DSHS A-19 Fundraiser Reimbursement Instructions

1. Complete A-19 form
 - a. Enter Agency Name (DSHS)
 - b. Name and Complete Address of the person receiving the reimbursement
 - c. Date of purchase or invoice
 - d. Brief Description of purchase and the reason for it
Note: Include Fundraiser Number
 - e. Total amount to be reimbursed
 - f. Contact number

2. Print Form

3. Attach all Receipts, Invoices, or proof of Payment to the A-19 Form

Note: Reimbursements cannot be made without these

4. Sign Form

5. Send along with a **copy** of **DSHS Fundraiser Form** to:

DSHS Combined Fund Drive
MS: 45018
or
PO Box 45018
Olympia, WA 98504-5018